

## EXHIBIT A

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE EASTERN DISTRICT OF TENNESSEE**

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<b>IN RE:</b>	)	
	)	
<b>VICKI LYNN HILL,</b>	)	<b>Case No. 3:23-bk-30111-SHB</b>
	)	<b>Chapter 7</b>
<b>Debtor.</b>	)	
	)	
<hr/>		
	)	
<b>VICKI LYNN HILL,</b>	)	
	)	
<b>Plaintiff,</b>	)	<b>Adversary Pro. _____</b>
	)	
<b>v.</b>	)	
	)	
<b>UNITED STATES DEPARTMENT OF EDUCATION,</b>	)	
	)	
<b>Defendant.</b>	)	
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**ATTESTATION OF VICKI LYNN HILL IN SUPPORT  
OF REQUEST FOR STIPULATION CONCEDING  
DISCHARGEABILITY OF STUDENT LOANS**

I, Vicki Lynn Hill, make this Attestation in support of my claim that excepting the student loans described herein from discharge would cause an “undue hardship” to myself and my dependents within the meaning of 11 U.S.C. § 523(a)(8). In support of this Attestation, I state the following under penalty of perjury:

**I. PERSONAL INFORMATION**

1. I am over the age of eighteen and am competent to make this Attestation.
2. I reside at 130 South Highland Drive, Harriman, Roane County, Tennessee 37748.
3. My household includes the Plaintiff only.

***Questions four through nine request information related to your outstanding student loan debt and your educational history. The Department of Education will furnish this information to the***

***Assistant United States Attorney ("AUSA") handling your case, and it should be provided to you. If you agree that the information provided to you regarding your student loan debt and educational history is accurate, you may simply confirm that you agree, and these questions do not need to be completed. If you have not received the information from Education or the AUSA at the time you are completed this form, or if the information is not accurate, you may answer these questions based upon your own knowledge. If you have amore than one student loan which you are seeking to discharge in this adversary proceeding, please confirm that the AUSA has complete and accurate information for each loan, or provide that information for each loan.***

4. I confirm that the student loan information and educational history provided to me and attached to this Attestation is correct: YES.

5. The outstanding balance of the student loan[s] I am seeking to discharge in this adversary proceeding is \$21,695.00.

6. The current monthly payment on such loan[s] is \$0.00. My student loan[s] went into default September 2018. Payments will become due after forbearance of approximately \$250.00.

7. I incurred the student loan[s] I am seeking to discharge while attending Roane State Community College, which I was pursuing an associates degree with a specialization in criminal justice.

8. I have not completed my course of study. In 2019, I left my course of study and did not receive a degree in order to work and pay my necessary living expenses I cannot afford to stop working and return to school.

9. I am currently employed as a corrections officer. My employer's name and address is Morgan County Correctional Complex, 541 Wayne Cotton Morgan Drive, Wartburg, Tennessee 37887.

## II. CURRENT INCOME AND EXPENSES

10. I do not have the ability to make payments on my student loans while maintaining a minimal standard of living for myself and my household. I submit the following information to demonstrate this: Attached is my Chapter 7 Budget, Exhibit 1, to this Affidavit. See also the following:

### A. Household Gross Income

11. My current monthly household gross income from all sources is \$4,252.00.<sup>1</sup> This amount includes the following monthly amounts:

X My gross income from employment  
\_\_\_\_ My unemployment benefits  
\_\_\_\_ My Social Security benefits  
\_\_\_\_ My \_\_\_\_\_  
Gross income from employment of other members of household  
Unemployment benefits received by other members of household  
Social Security benefits received by other members of household  
Other income from any source received by other members of household

12. The current monthly household gross income stated above:

\_\_\_\_ Includes a monthly average of the gross income shown on the most recent tax return[s] filed for myself and other members of my household, which are attached, and the amounts stated on such tax returns have not changed materially since the tax year of such returns; OR

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<sup>1</sup> "Gross income" means your income before any payroll deductions (for taxes, Social Security, health insurance, etc.) or deductions from other sources of income. You may have included information about your gross income on documents previously filed in your bankruptcy case, including Form B 106I, Schedule I – Your Income (Schedule I). If you filed your Schedule I within the past 18 months and the income information on those documents has not changed, you may refer to that document for the income information provided here. If you filed Schedule I more than 18 months prior to this Attestation, or your income has changed, you should provide your new income information.

X Represents an average amount calculated from the most recent two months of gross income stated on four consecutive paystubs from my current employment, which are attached; OR

\_\_\_\_\_ My current monthly household gross income is not accurately reflected on either recent tax returns or paystubs from current employment, and I have submitted instead the following documents verifying current gross household income from employment of household members: \_\_\_\_\_

**B. Monthly Expenses**

13. My current monthly household expenses do not exceed the amounts listed below based on the number of people in my household for the following categories [indicate “yes” if your expenses do not exceed the referend amounts]:

**(a) Living Expenses<sup>2</sup>**

- |      |                        |                     |       |
|------|------------------------|---------------------|-------|
| i.   | Food                   | NO                  | \$675 |
|      | \$431 (one person)     |                     |       |
|      | \$779 (two persons)    |                     |       |
|      | \$903 (three persons)  |                     |       |
|      | \$1,028 (four persons) |                     |       |
| ii.  | Housekeeping supplies  | Included in i above |       |
|      | \$40 (one person)      |                     |       |
|      | \$82 (two persons)     |                     |       |
|      | \$74 (three persons)   |                     |       |
|      | \$85 (four persons)    |                     |       |
| iii. | Apparel & Services     | NO                  | \$110 |
|      | \$99 (one person)      |                     |       |
|      | \$161 (two persons)    |                     |       |
|      | \$206 (three persons)  |                     |       |
|      | \$279 (four persons)   |                     |       |

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<sup>2</sup> The living expenses listed in Question 13 and 14 have been adopted from the Internal Revenue Service Collection Financial Standards “National Standards” and “Local Standards” for the year in which this form is issued. This form is updated annually to reflect changes to these expenses.

- |     |   |     |                                 |
|-----|---|-----|---------------------------------|
| iv. | Personal care products and services<br>(non-medical)<br>\$45 (one person)<br>\$82 (two persons)<br>\$78 (three persons)<br>\$96 (four persons)                      | NO  | \$65                            |
| v.  | Uninsured medical costs<br>\$75 (per individual under)<br>\$153 (per individual under)  | NO  | \$200                           |
| vi. | Miscellaneous expenses<br>not included elsewhere on this Attestation:<br>\$170 (one person)<br>\$306 (two persons)<br>\$349 (three persons)<br>\$412 (four persons) | YES | \$25 charitable<br>contribution |

(b) Households Greater Than Four Persons: N/A.

If your household consists of more than four people, please provide your total expenses for the categories in Question 14(a): \$\_\_\_\_\_

[If you filed a Form 122A-2 Chapter 7 Means Test or 122C-2 Calculation of Disposable Income in your bankruptcy case, you may refer to lines 6 and 7 of those forms for information.]<sup>3</sup>

(c) Excess Expenses: yes, see attached.

If your current monthly household expenses exceed the amounts listed above for any of the categories in Question 13A and you would like the AUSA to consider such additional expenses as necessary, you may list those expenses and explain the need for such expenses here.

14. My current monthly household expenses in the following categories are as follows:

(a) Payroll Deductions

- |    |   |       |
|----|---|-------|
| i. | Taxes, Medicare and Social Security<br>[You may refer to line 16 of the Means Test or Schedule I, line 5] | \$681 |
|----|---|-------|

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<sup>3</sup> Forms 122A-2 and 122C-2 are referred to collectively here as the "Means Test." If you filed a Means Test in your bankruptcy case, you may refer to it for information requested here and in other expense categories below. If you did not file a Means Test, you may refer to your Schedule I and Form 106J – Your Expenses (Schedule J) in the bankruptcy case, which may also list information relevant to these categories. You should only use information from these documents if your expenses have not changed since you filed them.

- |      |   |        |
|------|---|--------|
| ii.  | Contributions to retirement accounts<br>[You may refer to line 17 of the Means Test or Schedule I, line 5]    | \$322  |
|      | Are these contributions required<br>as a condition of your employment?  | YES    |
| iii. | Union dues<br>[You may refer to line 17 of the Means Test or Schedule I, line 5]                              | \$48   |
| iv.  | Life insurance<br>[You may refer to line 18 of the Means Test or Schedule I, line 5]                          | N/A    |
|      | Are the payments for a term policy<br>covering your life?   | YES/NO |
| v.   | Court-ordered alimony and child support<br>[You may refer to line 19 of the Means Test or Schedule I, line 5] | N/A    |
| vi.  | Health insurance<br>[You may refer to line 25 of the Means Test or Schedule I, line 5]                        | \$372  |
|      | Does the policy cover any persons other than<br>yourself and your family members?                             | NO     |
| vii. | Other payroll deductions<br>Retirement loan repayment   | \$322  |

**(d) Housing Costs<sup>4</sup>**

- |      |   |       |
|------|---|-------|
| i.   | Mortgage or rent payment  | \$600 |
| ii.  | Property taxes (if paid separately)   | \$___ |
| iii. | Homeowners or renters insurance<br>(if paid separately)   | \$20  |
| iv.  | Home maintenance and repair<br>(average last 23 months' amounts)  | \$___ |
| v.   | Utilities (including monthly gas, electric<br>water, heating oil, garbage, collection,<br>residential telephone service, cell phone<br>service, cable television, and internet service) | \$344 |

**(e) Transportation Costs**

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<sup>4</sup> You should list the expenses you actually pay in Housing Costs and Transportation Costs categories. If these expenses have not changed since you filed your Schedule J, you may refer to the expenses listed there, including housing expenses (generally on lines 4 through 6 of Schedule J) and transportation expenses (generally on lines 12, 15c and 17).

- i. Vehicle payments (itemize per vehicle) \$351
- ii. Monthly average costs of operating vehicles \$510  
(including gas, routine maintenance, monthly  
Insurance cost)
- iii. Public transportation costs \$0

(f) Other Necessary Expenses

- i. Court-ordered alimony and child support payments N/A  
(if not deducted from pay)  
[You may refer to line 19 of Form 122A-2 or 122C-2 or Schedule J, line 18]
- ii. Babysitting, day care, nursery and preschool costs N/A  
[You may refer to line 21 of Form 122A-2 or 122C-2 or Schedule J, line 8]<sup>5</sup>

Explain the circumstances making it necessary for you to expend this amount: \_\_\_\_\_

- iii. Health insurance N/A  
(if not deducted from pay)  
[You may refer to line 25 of Form 122A-2 or 122C-2 or Schedule J, line 15]

Does the policy cover any persons other than yourself and your family members? NO

- iv. Life insurance N/A  
(if not deducted from pay)  
[You may refer to line 25 of Form 122A-2 or 122C-2 or Schedule J, line 15]

Are the payments for a term policy covering your life? YES/NO

- v. Dependent care (for elderly or disabled family members) N/A  
[You may refer to line 26 of Form 122A-2 or 122C-2 or Schedule J, line 19]

Explain the circumstances making it necessary for you to expend this amount: \_\_\_\_\_

- vi. Payments on delinquent federal, state or local tax debt N/A  
[You may refer to line 35 of Form 122A-2 or 122C-2 or Schedule J, line 17]

Are these payments being made pursuant to an agreement with the taxing authority? YES/NO

- vii. Payments on other student loans N/A

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<sup>5</sup> Line 8 of Schedule J allows listing of expenses for "childcare and children's education costs." You should not list any educational expenses for your children here, aside from necessary nursery or preschool costs.



I am not seeking to discharge

- viii. Other expenses I believe necessary for a minimal standard of living \$300

Explain the circumstances making it necessary for you to expend this amount: Pet Care – horse - \$200; Work lunches - \$100.

15. After deducting the foregoing monthly expenses from my household gross income, I have no remaining income.

16. In addition to the foregoing expenses, I anticipate I will incur additional monthly expenses in the future for my, and my dependents', basic needs that are currently not met.<sup>6</sup>

### III. FUTURE INABILITY TO REPAY STUDENT LOANS

17. For the following reasons, it should be presumed that my financial circumstances are unlikely to materially improve over a significant portion of the repayment period (answer all that apply):

\_\_\_\_\_ I am over the age of 65.

\_\_\_\_\_ The student loans I am seeking to discharge have been in repayment status for at least 10 years (excluding any period during which I was enrolled as a student).

X I did not complete the education for which I incurred the student loans[s].

\_\_\_\_\_ I have a permanent disability or chronic injury which renders me unable to work or limits my ability to work.

Described the disability or injury and its effects on your ability to work, and indicate whether you receive any governmental benefits attributable to this disability or injury: \_\_\_\_\_.

\_\_\_\_\_ I have been unemployed for at least five of the past ten years.

Please explain your efforts to obtain employment: \_\_\_\_\_.

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<sup>6</sup> If you have forgone expenses for any basic needs and anticipate that you will incur such expenses in the future, you may list them here and explain the circumstances making it necessary for you to incur such expenses.

18. For the following additional reasons, my financial circumstances are unlikely to materially improve over a significant portion of the repayment period (answer all that apply):

X I incurred student loans I am seeking to discharge in pursuit of a degree I was unable to complete for reasons other than the closure of the educational institution.

Described your reasons for being unable to complete the degree: divorced during school.

\_\_\_\_\_ I am not currently employed.

X I am currently employed, but I am unable to obtain employment in the field for which I am educated or have received specialized training.

Describe reasons for inability to obtain such employment, and indicate if you have ever been able to obtain such employment: \_\_\_\_\_.

X I am currently employed, but my income is insufficient to pay my loans and unlikely to increase to an amount necessary to make substantial payments on the student loans I am seeking to discharge.

Please explain why you believe this is so: \_\_\_\_\_.

\_\_\_\_\_ Other circumstances exist making it unlikely I will be able to make payments for a significant part of the repayment period.

Explain these circumstances: resources are only expected to be \$29,000 annually.

#### IV. PRIOR EFFORTS TO REPAY LOANS

19. I have made good faith efforts to repay the student loans at issue in this proceeding, including the following efforts:

20. Since receiving the student loans at issue, I have made a total of \$2,000.00 in payments on the loans, including the following:

\_\_\_\_\_ Regular monthly payments of \$\_\_\_\_\_ each.

\_\_\_\_\_ Additional payments, including \$\_\_\_\_\_, \$\_\_\_\_\_, and \$\_\_\_\_\_.

21. I have received X forbearances or deferments, for a period totaling 4 years (student loan).

22. I have attempted to contact the company that services or collects on my student loans or the Department of Education at least two times or online a few more times, at least annually.

23. I have sought to enroll in one or more "Income Deferred Repayment Programs" or similar repayment programs offered by the Department of Education, including the following: No, because the loans were placed either in forbearance or deferment due to financial circumstance.

24. [If you did not enroll in such a program.] I have not enrolled in an "Income Deferred Repayment Program" or similar repayment program offered by the Department of Education for the following reasons: No excess income to pay and loans placed in forbearance or deferment.

25. Describe any other facts indicating you have acted in good faith in the past in attempting to repay the loan, including efforts to obtain employment, maximize your income, or minimize your expenses: Attempted to reduce budget expenses and also filed Chapter 7 to reduce other debts so eventually I could afford student loan payments.

#### V. CURRENT ASSETS

26. I own the following parcels of real estate: NONE

Address:

Owners:<sup>7</sup>

Fair market value:

Total balance of mortgages and other liens:

27. I own the following motor vehicles:

Make and model:

2001 Ford F-250

Fair market value:

\$8,000

Total balance of vehicle loans and other liens:

\$14,100

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<sup>7</sup> List by name all owners of record (self and spouse, for example).

28. I hold a total of \$23,000 in retirement assets, held in 401k, IRA and similar retirement accounts through State of Tennessee.

29. I own the following interests in a corporation, limited liability company, partnership, or other entity: None.

<u>Name of Entity</u>	<u>State incorporated<sup>8</sup></u>	<u>Type<sup>9</sup> and %age Interest</u>
N/A	N/A	N/A

30. I currently am anticipating receiving a tax refund totaling \$\_\_ N/A.

#### VI. ADDITIONAL CIRCUMSTANCES

31. I submit the following circumstances as additional support for my effort to discharge my student loans as an “undue hardship” under 11 U.S.C. § 523(a)(8): Cost of living raises for my job barely cover my budget expense increases year to year. I plan to stay employed with the State because it is stable employment. There are no large companies offering other jobs with my qualifications that could increase my income in my geographical area. I live in a small city in rural Tennessee.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct.

Vicki Lynn Hill  
Signature  
Vicki Lynn Hill  
Vicki Lynn Hill  
3/30/23  
Date

<sup>8</sup> The state, if any, in which the entity is incorporated. Partnerships, joint ventures and some other business entities might not be incorporated.

<sup>9</sup> For example, shares, membership interest, partnership interest.

## **EXHIBIT B**

Fill in this information to identify your case:

Debtor 1 Vicki Lynn Hill

Debtor 2  
(Spouse, if filing)

United States Bankruptcy Court for the: EASTERN DISTRICT OF TENNESSEE

Case number 3:23-bk-30111-SHB  
(If known)

Check if this is:

- ☐ An amended filing  
☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

Debtor 1

- ☒ Employed  
☐ Not employed

Correctional Officer

Morgan Co. Correctional Complex

541 Wayne Cotton Morgan Drive  
Wartburg, TN 37887

Debtor 2 or non-filing spouse

- ☐ Employed  
☐ Not employed

How long employed there? 11 Years

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>4,252.00</u>	\$ <u>N/A</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>N/A</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>4,252.00</u>	\$ <u>N/A</u>

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ <b>4,252.00</b>	\$ <b>N/A</b>
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ <b>681.00</b>	\$ <b>N/A</b>
5b. Mandatory contributions for retirement plans	5b. \$ <b>0.00</b>	\$ <b>N/A</b>
5c. Voluntary contributions for retirement plans	5c. \$ <b>450.00</b>	\$ <b>N/A</b>
5d. Required repayments of retirement fund loans	5d. \$ <b>322.00</b>	\$ <b>N/A</b>
5e. Insurance	5e. \$ <b>372.00</b>	\$ <b>N/A</b>
5f. Domestic support obligations	5f. \$ <b>0.00</b>	\$ <b>N/A</b>
5g. Union dues	5g. \$ <b>0.00</b>	\$ <b>N/A</b>
5h. Other deductions. Specify: _____	5h.+ \$ <b>0.00</b>	+ \$ <b>N/A</b>
<b>6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.</b>	6. \$ <b>1,825.00</b>	\$ <b>N/A</b>
<b>7. Calculate total monthly take-home pay. Subtract line 6 from line 4.</b>	7. \$ <b>2,427.00</b>	\$ <b>N/A</b>
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <b>0.00</b>	\$ <b>N/A</b>
8b. Interest and dividends	8b. \$ <b>0.00</b>	\$ <b>N/A</b>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <b>0.00</b>	\$ <b>N/A</b>
8d. Unemployment compensation	8d. \$ <b>0.00</b>	\$ <b>N/A</b>
8e. Social Security	8e. \$ <b>0.00</b>	\$ <b>N/A</b>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ <b>0.00</b>	\$ <b>N/A</b>
8g. Pension or retirement income	8g. \$ <b>0.00</b>	\$ <b>N/A</b>
8h. Other monthly income. Specify: _____	8h.+ \$ <b>0.00</b>	+ \$ <b>N/A</b>
<b>9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.</b>	9. \$ <b>0.00</b>	\$ <b>N/A</b>
<b>10. Calculate monthly income. Add line 7 + line 9.</b> Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <b>2,427.00</b>	+ \$ <b>N/A</b> = \$ <b>2,427.00</b>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____		
	11. +\$	<b>0.00</b>
<b>12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.</b> Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$	<b>2,427.00</b>
<b>Combined monthly income</b>		
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: _____		



Fill in this information to identify your case:

Debtor 1 Vicki Lynn Hill

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: EASTERN DISTRICT OF TENNESSEE

Case number 3:23-bk-30111-SHB  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

\_\_\_\_\_  
MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

☒ No. Go to line 2.

☐ Yes. Does Debtor 2 live in a separate household?

☐ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents? ☒ No

Do not list Debtor 1 and Debtor 2.

☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

- ☐ No  
☐ Yes  
☐ No  
☐ Yes  
☐ No  
☐ Yes  
☐ No  
☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No  
☐ Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

#### Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 600.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 10.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 25.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

<b>6. Utilities:</b>		
6a. Electricity, heat, natural gas	6a. \$	<b>110.00</b>
6b. Water, sewer, garbage collection	6b. \$	<b>0.00</b>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	<b>234.00</b>
6d. Other. Specify: _____	6d. \$	<b>0.00</b>
<b>7. Food and housekeeping supplies</b>	7. \$	<b>675.00</b>
<b>8. Childcare and children's education costs</b>	8. \$	<b>0.00</b>
<b>9. Clothing, laundry, and dry cleaning</b>	9. \$	<b>110.00</b>
<b>10. Personal care products and services</b>	10. \$	<b>65.00</b>
<b>11. Medical and dental expenses</b>	11. \$	<b>200.00</b>
<b>12. Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	<b>510.00</b>
<b>13. Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$	<b>25.00</b>
<b>14. Charitable contributions and religious donations</b>	14. \$	<b>0.00</b>
<b>15. Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	<b>0.00</b>
15b. Health insurance	15b. \$	<b>0.00</b>
15c. Vehicle insurance	15c. \$	<b>77.00</b>
15d. Other insurance. Specify: _____	15d. \$	<b>0.00</b>
<b>16. Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$	<b>0.00</b>
<b>17. Installment or lease payments:</b>		
17a. Car payments for Vehicle 1	17a. \$	<b>352.00</b>
17b. Car payments for Vehicle 2	17b. \$	<b>0.00</b>
17c. Other. Specify: _____	17c. \$	<b>0.00</b>
17d. Other. Specify: _____	17d. \$	<b>0.00</b>
<b>18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18. \$	<b>0.00</b>
<b>19. Other payments you make to support others who do not live with you.</b> Specify: _____	\$	<b>0.00</b>
<b>20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>		
20a. Mortgages on other property	20a. \$	<b>0.00</b>
20b. Real estate taxes	20b. \$	<b>0.00</b>
20c. Property, homeowner's, or renter's insurance	20c. \$	<b>0.00</b>
20d. Maintenance, repair, and upkeep expenses	20d. \$	<b>0.00</b>
20e. Homeowner's association or condominium dues	20e. \$	<b>0.00</b>
<b>21. Other: Specify: <u>Pet Expenses</u></b>	21. +\$	<b>200.00</b>
<b><u>Work Lunches</u></b>	+\$	<b>100.00</b>
<b>22. Calculate your monthly expenses</b>		
22a. Add lines 4 through 21.	\$	<b>3,293.00</b>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$	<b>3,293.00</b>
<b>23. Calculate your monthly net income.</b>		
23a. Copy line 12 ( <i>your combined monthly income</i> ) from Schedule I.	23a. \$	<b>2,427.00</b>
23b. Copy your monthly expenses from line 22c above.	23b. -\$	<b>3,293.00</b>
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$	<b>-866.00</b>
<b>24. Do you expect an increase or decrease in your expenses within the year after you file this form?</b> For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain here: _____		